



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 7, 2015

Mr. Dennis Beauregard, Manager
The Residence At Shelburne Bay West
185 Pine Haven Shore Road
Shelburne, VT 05482-7805

Dear Mr. Beauregard:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 3, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT SHELBURNE BAY WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORE ROAD SHELBURNE, VT 05482		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite survey was completed by staff from the VT Division of Licensing and Protection from 6/1/15 - 6/3/15 to investigate a facility mandated self-report and 2 complaints. The following regulatory violations have resulted from the 2 complaints and the self-report.	R100		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to assure that the necessary services were provided to meet the nursing and medical needs for 1 of 4 residents in the total sample. (Resident #4). Findings include: Per record review on 6/2/15, Resident #4 was admitted to the home within the previous 6 months with physician orders for the anti-psychotic medication, Seroquel, 12.5 mg daily and there was no evidence of any indication for use of this classification of medication (commonly used to treat psychotic conditions). Review of the daily progress notes since the time of admission revealed only 1 note that included documentation of any behaviors, dated 5/3/15, and stating "up all night in an agitated mood";	R126	<p>R126: Res #4 was admitted 2/1/2015, with a diagnosis for Seroquel written in her orders (dated 1/31/15). This was brought to the surveyor's attention the day after exit.</p> <p>Residents on psychotropic medication will have monitoring system in place for adverse effects of medication. Nursing staff will be educated on how to use the tools and when to notify the physician.</p> <p>Nurses will be educated on appropriate diagnoses for psychotropic medications and adverse effects of medications.</p> <p>Resident Care Director, or designee, will perform monthly audits for 3 months, to ensure compliance with the monitor tool.</p> <p><i>Corrected 7/1/15 Shelburne RN RCD</i></p>	7/10/15

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5008

R27X11

TITLE

(X6) DATE

Colleen RN RCD 6/26/15

If continuation sheet 1 of 3

R126 + R222 POCs accepted 7/1/15 mbaton RN/Pme

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2016
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT SHELBURN BAY WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORE ROAD SHELBURN, VT 05482		
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R126	Continued From page 1 there was no description of how the resident exhibited the agitated behavior. There were no diagnoses in the medical record warranting treatment with anti-psychotic medication. While observing the resident in the living room just prior to supper, the resident was noted to have a fixed type of smile, upper and lower teeth fully exposed and clenching of the jaw area, possibly indicating an adverse side effect from the use of the anti-psychotic medication. Although an AIMS assessment (Abnormal Involuntary Movement Scale) was completed upon admission, there was no other evidence of monitoring for potential adverse side effects of this psychoactive medication. The lack of an appropriate diagnosis for the use of Seroquel, including an investigation into the reason for use by this resident, and the previous observation was confirmed with the Residential Care Coordinator for the Meadows West Unit at 4:18 PM on 6/2/15.	R126		
R222 SS=D	VI. RESIDENTS' RIGHTS 6.7 The resident's right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the	R222	R222: Res #3 no longer resides in this community. Upon recognition that the nurse wrote resident #3's name in resident #1's chart, the RN was immediately re-educated. Nursing staff have been educated on writing nurses' notes without writing other resident's names. Resident Care Director to audit nurses' notes weekly x 1 month, monthly x 3 months.	7/10/15

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NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT SHELBOURNE BAY WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 186 PINE HAVEN SHORE ROAD SHELBOURNE, VT 05482		
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R222	<p>Continued From page 2</p> <p>facility failed to assure that the residents' right to privacy of all records was maintained for 1 of 4 residents in the total sample. (Resident #3). Findings include:</p> <p>Per review of the closed medical record for one (#1) of the sampled records on 6/1/15, a progress note dated 12/10/14, 2129 hours, included Resident #3's name and initials in the progress note. There had been an interaction between the 2 residents (both residents had been discharged as of the date of the survey) and the Registered Nurse (RN) author of the progress note used both Resident #3's initials and his/her name in Resident #1's medical record. This action violated Resident #3's right to privacy of "all records and personal information". Additionally, Resident #1 transferred from the facility during the last few months and the progress note about the resident to resident was sent to the new facility, further violating Resident #3's privacy rights. The failure to protect Resident #3's Resident Rights was confirmed during interview with the DNS (Director of Nursing Services) on the afternoon of 6/1/15.</p> <p>Note: This deficiency was related to a complaint.</p>	R222		